SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

Authorized Agent:

Address to send permit P.O.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #: 18-05-18

ENTERED Date: 7-17-18

Amount Paid: \$75 5-8-18

Refund:

Date

If you recently purchased the property send your Recorded Deed

5475/

Attach

Copy of Tax Statement

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT OC. ZONING Dept.

TYPE OF PERMIT RI	EQUESTED-	LAND	USE SANITARY	PRIVY 🗆	CONDITIONAL	LUSE JA SPECI	AL USE		OTHER		
Owner's Name:				ng Address:	1 65	State/Zip:		Telepl	hone:		
MARKE 1	4 104	MISON	P-6	O. BOY 7: State/Zip: DRT WINE	3 Me	NOMONIE	iNI	54751			
MARK Address of Property:	· SON	10301	City/S	State/Zip:			Cell Phone:				
83/65	CHANN F	100	PC	DRY ININE	- W/	65	7/13	3593			
Contractor:	CITCH 100 1	00	Contr	actor Phone: Pl	umber:		Plumi	ber Phone:			
MARK	A. 00	HNSC	ON 915-	308-3503							
Authorized Agent: (P			of Owner(s)) Agent	t Phone: Ag	gent Mailing Add	dress (include City/S	tate/Zip):	Writte	en Authorization		
									s 🗆 No		
PROJECT				# (4-5 digits)					d by Register of Deeds)		
LOCATION	Legal Descript	on: (Use Ta			Document :	#: 4134	_R <i>940</i>				
LOCATION    Cov't Lot   Lot(s)   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision:											
1/4,	1/4		400		11/1	2 72	451 1	4001110N	TO PORTWING		
0			- 9 w	Town of:			Lot Size	Ac	reage		
Section	, Township	<u>50</u> N	I, Range <u>Ö</u> W	POR	MIN FU	) G.	50	¥125.	. 149		
			300 feet of River, Stre	age (in a luta maittant)	Distance Stru	cture is from Shor	eline :	la Duamantu in	Are Wetlands		
	Creek or Land			yescontinue			feet	Is Property ir Floodplain Zon			
☐ Shoreland →			1000 feet of Lake, Poi	nd or Flowage	Distance Stru	cture is from Sho	eline :	☐ Yes	☐ Yes		
	is Property/	Lana within		yescontinue>			feet	No	No		
Non-Shoreland			**								
Non-Shoreland			,								
Value at Time				and the latest of	#	Car Live	What Ty	ne of			
of Completion	Projec	t	# of Stories	Use	of	Sew		ry System	Water		
* include donated time &			and/or basement	O3E	bedrooms		on the p				
material									C.C.		
	☐ New Consti	ruction	☐ 1-Story	Seasonal	□ 1	Municipal/		· C · T · · · · ·	City		
ė .	☐ Addition/A		☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sani					
350,000	Conversion		2-Story		3	☐ Sanitary (E:					
	☐ Relocate (ex		Basement		□			☐ <b>Vaulted</b> (min 200 gallon) ————ervice contract)			
	Run a Busir	iess on	☐ No Basement  Foundation		None						
	Property										
	П		_			☐ Compost T	Jilet				
-						None			23		
Existing Structur		g applied fo		Length: 36		□ None  Width: 24		Height			
Existing Structur Proposed Constr	e: (if permit bein	g applied fo		Length: 3 (Length: 3	3	None		Height:			
	e: (if permit bein	g applied fo		Length: 34		□ None  Width: 24		Height			
	re: (if permit bein	g applied fo				□ None  Width: 24		Height: Dimensions	: 77		
Proposed Constr	re: (if permit bein			Proposed Structu	re	□ None  Width: 2 9  Width: 2 9		Dimensions	Square Footage		
Proposed Constr	re: (if permit bein	Principal	or is relevant to it)	Proposed Structure on property)	re	□ None  Width: 2 9  Width: 2 9		Dimensions  X X X X X X X X X X X X X X X X X X	Square		
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Show Location of:

**Proposed Construction** 

(2)Show / Indicate: (3) Show Location of (\*): North (N) on Plot Plan

(4)Show:

(5)

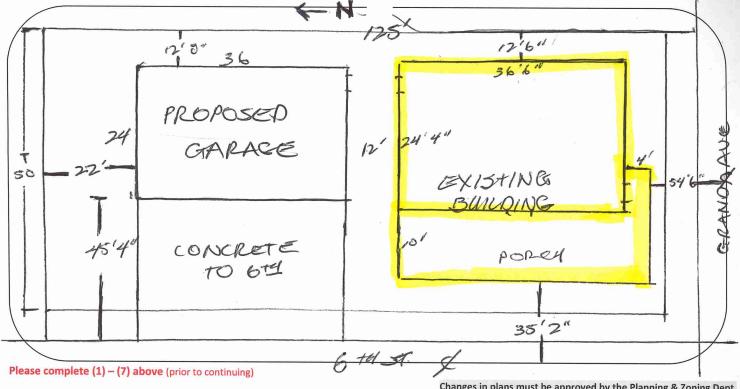
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

Show: (6)Show any (\*): (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement			Description	Measurement		
Setback from the Centerline of Platted Road	54.5	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)		Feet	
Setback from the Established Right-of-Way	35	Feet		Setback from the River, Stream, Creek	/	Feet	
				Setback from the Bank or Bluff	/	Feet	
Setback from the <b>North</b> Lot Line	12.5	Feet					
Setback from the <b>South</b> Lot Line	3 1	Feet		Setback from Wetland	. 1	Feet	
Setback from the West Lot Line	79,5	Feet	16.54	20% Slope Area on property	Yes	No	
Setback from the <b>East</b> Lot Line	14.5	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank		Feet		Setback to Well		Feet	
Setback to <b>Drain Field</b>	-	Feet				7000	
Setback to Privy (Portable, Composting)	/	Feet	A A CAL				

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: <u>ALL</u> Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	ty Sewer	# of bedrooms:	Sanitary Date:					
Permit Denied (Date):	Reason for Denial:				14.0				
Permit#: 18-0248	Permit Date: 7-1	17-18							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes  (Deed of Record (Fused/Contigue  Yes	NO 201706 No	Mitigation Required Mitigation Attached	Yes YNo	Affidavit Required Y	7 Jan 19 10 10 10 10 10 10 10 10 10 10 10 10 10				
Granted by Variance (B.O.A.)  ☐ Yes INO Case #:		Previously Granted by		se #: NA					
Was Parcel Legally Created Was Proposed Building Site Delineated ✓ Yes □ No	Yes	□ No							
City Sewer.	U SKIST	ing toward	ton for Porch.	Zoning District ( C ) Lakes Classification ( - )					
Date of Inspection: 7 13 2018	Inspected by:	robert Sch	i'wman'.	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attack  Must  Contact  Use	Onstorm	Dwelling	Code (UDL	Inspection					
agency and Secure a			nucrsion to	residence					
must connect to Pe	thuing	Sanitary	District						
Signature of Inspector:				Date of Approval:	7 13 18				
Hold For Sanitary:  Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:						

## Village, State or Federal May Also Be Required

USE - X
SANITARY - City
SIGN SPECIAL - Class B
CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

18-0248 No. Issued To: Mark Johnson Location: 1/4 of -29 Section Township **50** N. Range 8 Town of **Port Wing** W. Gov't Lot 11-12 Lot 22 Subdivision First Addition To Port Wing Block CSM#

For: Residential Use: [ 2- Story; Conversion to Residence (24' x 36') = 864 sq. ft.; Porch (10' x 36') = 360 sq. ft. ] (Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local uniform dwelling code inspection agency and secure UDC permit for conversion to residence. Must connect to Port Wing sanitary district.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

## **Rob Schierman**

Authorized Issuing Official

**July 17, 2018** 

Date

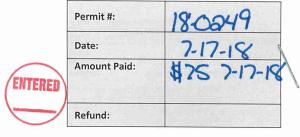
SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

**Bayfield County** Planning and Zoning Depart.

PO Box 58 Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**





INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONS	INOCTION	ONTIL	ALL I LINIVILIO	MANE DEEM	1930ED I	UAFFL	ICANI.														
TYPE OF PERMIT F	REQUEST	ED-	D LANI	D USE	□ SAN			CONTRACTOR CONTRACTOR	□ <b>c</b>	OND	ITIONA	L US	E 🗆	SPE	CIAL U	JSE	□ B.C	D.A.	□ 0	THE	R
Owner's Name:	4		. 1				ng Address						e/Zip:					Te	ephon	e:	
MARK A Address of Property: 83/65	J. F	)OH1	NSON			P.O. BOX 73 MENOMONIE, WI City/State/Zip:									54	751	Cell Phone:				
Address of Property:	$\sim$ 0	A A >/	0 140												3.50.1.75.50.50.5					2602	
Contractor:	GTIC		OPU	<u> </u>		PORT MING, WI 59865  Contractor Phone: Plumber:											7/5-308-350				
MARK	A - L	04	NSON			contro	uctor 1 1101		''	moer.									iiibei i	riione	
Authorized Agent: (Person Signing Application on behalf of Owner(s))							Phone:		Age	ent Ma	ailing Add	dress	(includ	e City/	State/Z	Zip):					rization
															tached Yes	□ No					
PROJECT LOCATION	Legal	Descript	tion: (Use T	ax Statem	ent)	Tax ID		210	92									nt: (i.	e. Prope		Ownership)
LOCATION			Gov't		Lot(s)	CSN		37° ol & Pag			ot(s) No.		Block(s	\ No	_//	division			47		
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Section	<u>39</u> ,⊺	ownship	50	N, Range _		_ W		POR	4	W	(NG				1		125	- 1			
	☐ Is P	roperty	/Land within	n 300 feet	t of Rive	r, Strea	am (incl. lr	ntermitten	t)	Dista	nce Stru	cture	is fro	n Sho	reline	.	I. D.				
☐ Shoreland →	Creek		dward side o				esconti		550						fe	et	Floodp	operty Iain Z		-	Wetlands Present?
a Siloreland —	☐ Is P	roperty	/Land within	n 1000 fee	et of Lak			-	- 1	Dista	nce Stru	cture	is fro	m Sho				Yes	,	1	☐ Yes
AN Shart I						пуе	esconti	nue —							fe	et	1	Νo		•	⊠ No
Non-Shoreland								-													
Value at Time										#	of							The second			Type of
of Completion * include		Proje	ct	# of	Storie	s	Foun	dation			ooms			Sew			pe of ry Syste	em			Water
donated time &						- 4	Toundation				in cture						operty?				on property
material	✓ New	/ Const	ruction	1-S	torv		□ Base	ement		□ 1		/	Munio	rinal/	City				( - <b>I</b> )		✓ City
			Alteration		tory + L	.oft	☐ Fou		_	2						ry Specify Type:					☐ Well
20,000	☐ Con	versior	n 🗆 2-Story				WD 54	40	☐ 3 ☐ Sanitary (Exists		xists)	sts) Specify Type: or Uaulted (min 200 gallon)									
			xisting bldg)			Use  Vear Round										n)					
		a Busii erty	ness on						_	✓ None □ Portable (w/ser □ Compost Toile										$\dashv$	
								i itouri		□ None								$\dashv$			
Existing Structure	a: (if nor	mit hair	ag applied fo	r is rolovs	nt to it		Length					MAG	dth:					leigh			
Proposed Constr		mic Ben	16 applied to	i is releve	ine co rej		Length		36	,			dth:	2	4			leigh		17	
					- marketing to	-		717			- :					14 14 19 19		or a		· c.	
Proposed Us	e	1					Propose	d Struc	ture							D	imensi	ons			quare otage
			Principal						:y)						(	(	Х		)		
	-		Residence	e (i.e. ca with I		nting s	shack, et	:c.)							- 1	<u>(                                    </u>	X		)		
Residential	Use				a Porch											1	X )				
			with (2 <sup>nd</sup> ) Porch									(	Х		)						
			with a Deck										(	Х		)					
☐ Commercial	المعاللة				(2 <sup>nd</sup> ) De									(	X		) .		8		
Commercial	. 036		Runkhau			ed Garage							26/	1	X		1				
						ry, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities) tured date)							25)	1	X		1				
			Addition													(	Х		)		
☐ Municipal U	Jse	×		ccessory Building (specify) DCTACHED GPADGE ccessory Building Addition/Alteration (specify)							. (	12	4 X 3	36	)	8	54				
			Accessor								_ (	(	Х		)	<u> </u>					
			-																		_
			Special U	se: (expla	ain)										.   (	(	Х		)		
					)( X )								)								
						1-7-	TING ST	TD: 1								1	Х		1		
I (we) declare that this	application	(including a	ry accompanying	g information	n) has been	examine	ed by me (us	and to th	e hest	of my la	our) knowle	edge at	nd helief	t is true	correct	and co	mplete. I (	we) ack	nowledg	e that	l (we) am
(are) responsible for the result of Bayfield Cour	ne detail and nty relying o	n this inforr	f all information mation I (we) am	(we) am (ar (are) provid	e) providin	g and tha	at it will be re	elied upon	by Bay	field Co	ounty in det	termin	ing whetl	ner to iss	sue a per	mit. I	(we) furthe	raccen	t liability	which	may be a
property at any reason	Ma	1 h	se of inspection.	1/1	120												te 3		7-	19	3
Owner(s): (If there are Mu	kiple Owi	ners liste	ed on the Deed	Alt Owner	rs must si	ign <u>or</u> le	etter(s) of	authoriz	ation	must	accompa	ny th	is appli	cation		Da	te	7	/ /	′ (	_
Authorized Age	/		1	,								,									
Authorized Age	(If	you are	signing on beha	alf of the o	wner(s)	a letter	of author	ization m	nust a	ccomp	pany this	appli	cation)		-	Dat	te			T	_
			PND		12	n/	non	1 - 0	. 0	1	11	54	75	1			Copy of	Attacl	_		

#### low: Draw or Sketch your Property (regardless of what you are applying for) (1) Show Location of: **Proposed Construction** Show / Indicate: North (N) on Plot Plan Show Location of (\*): (3) (\*) Driveway and (\*) Frontage Road (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) Show any (\*): (6)(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7)Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

# JEE ATTACHED

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Measure	ment
Setback from the Centerline of Platted Road	106	Feet	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	45	Feet	Setback from the River, Stream, Creek		Feet
			Setback from the Bank or Bluff		Feet
Setback from the <b>North</b> Lot Line	12	Feet			
Setback from the <b>South</b> Lot Line	13	Feet	Setback from Wetland		Feet
Setback from the <b>West</b> Lot Line	22	Feet	20% Slope Area on the property	☐ Yes	No
Setback from the <b>East</b> Lot Line	66	Feet	Elevation of <b>Floodplain</b>		Feet
Setback to Septic Tank or Holding Tank		Feet	Setback to Well		Feet
Setback to <b>Drain Field</b>		Feet			
Setback to <b>Privy</b> (Portable, Composting)		Feet			

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number: Cit	y Sawer	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:				
Permit #: 18-0849		-17-18			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes	ous Lot(s)) YNo	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required Affidavit Attached Yes N	
Granted by Variance (B.O.A.)  ☐ Yes  No  Case #:		Previously Granted by  ☐ Yes ≯No	/ Variance (B.O.A.)	NA	
Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated WYes □ No	Plat of PW 15th	Were Property Line	es Represented by Owner Was Property Surveyed	Δ1 1	No No
Inspection Record:	Zoning District ( C ) Lakes Classification ( - )				
Date of Inspection: 7 13 10	Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Atta					
Not to be used	for huma	n habite	TION		
011					
Signature of Inspector:				Date of Approval: 7/13	/18
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affic	davit:	Hold For Fees: 🗌		

Bayfield County Web AppBuilder

( DE JOM

2015 aerial



city, Village, State or Federal
armits May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Mark Johnson 18-0249 No. **Port Wing** 29 **50** Range 8 W. Town of **Township** Location: Section  $\frac{1}{4}$  of -Subdivision First Addition To Port Wing 22 CSM# 11-12 Block Gov't Lot Lot

For: Residential Accessory Structure: [ 1- Story; Garage (24' x 36') = 864 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used as human habitation.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

### **Rob Schierman**

Authorized Issuing Official

July 17, 2018

Date